

Defense Leadership and Management Program (DLAMP)

Individual Development Plan (IDP)

DLAMP Participant Information				
Name:			Title:	
Pay Plan, Series, and Grade:				
Work Phone Number (Commercial and DSN):			FAX:	
E-mail:			DLAMP Class:	
Education: BA/BS	Major:	Minor:	Institution:	Date:
MA/MS	Major:		Institution:	Date:
PhD	Major:		Institution:	Date:
Other	Major:		Institution:	Date:
Supervisor Information				
Name:			Title:	
Pay Plan, Series, and Grade:				
Work Phone (Commercial and DSN):			FAX:	
E-mail:				
Career Goals				
Short term:				
Long term:				

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Graduate-Level Round-Out Courses

Up to six courses may be taken with the approval of your supervisor and DLAMP.

Course or Subject Area* (Mo/Yr)	Fiscal Year	Projected Start (Mo/Yr)	University	Date Completed
1.				
2.				
3.				
4.				
5.				
6.				

*For example: Accounting, Acquisition, Economics, Human Resources, Management Information Systems, Statistics, Public Policy

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Graduate Degree Program

Institution: _____ Degree: _____

Schedule: Full-Time _____ Part-Time _____

Accreditation: _____

Entrance Requirements: (e.g., GRE, GMAT) _____

Semester/Qtr Hour Cost: \$ _____

Course or Subject Area	Fiscal Year	Projected Start Date (Mo/Yr)	Date Completed (Mo/Yr)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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School for National Security Executive Education (SNSEE, NDU)			
Course Name	Fiscal Year	Projected Start Date	Date Completed or Fulfilled
1. War & Strategy			
2. Geopolitics & Defense Policy			
3. Defense Decision Making			
4. Leadership Competencies & National Security			
5. Contemporary Strategic Leadership			
Professional Military Education—Senior Service Schools			
Preferred Program	Fiscal Year	Projected Start Date	Date Completed or Fulfilled
Resident _____	Nonresident _____	To meet degree requirement? Yes _____ No _____	
Rotational Assignment (recommended)			
Assignment:			
Projected Start Date:		Date Completed:	
Competency Objectives:			
<i>I certify that I have met with my supervisor, and we have discussed my developmental needs. This document reflects the recommended activities that will enhance my development toward the goals and objectives of DLAMP.</i>			
DLAMP Participant Signature		Date	
<i>Approved:</i>			
Participant's Supervisor Signature	Date	Component Representative's Signature	Date
DLAMP Academic Counselor's Signature		Date	